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FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 810.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 19-2179 Deposit Account Number, 19-2179 Deposit Account Deposit Account Number, 19-2179 Deposit Account Deposit Account Number, 19-2179 Deposit Account N	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
FOR FY 2009    Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Sietke, Samuel P.						Application Number 10/785,304						
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT (\$) 810.00   Altoney Docket No. 2004P00817US01 (1009-395)   METHOD OF PAYMENT (check all that apply)   Check	· · · · · · · · · · · · · · · · · · ·					Filing Date	2.	24 February 2004				
TOTAL AMOUNT OF PAYMENT (\$) 810.00 Art Unit 1797 Attorney Docket No. 2004F00817US01 (1009-395)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Name, Siemens For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below, except for the filling fee Charge lee(s) indicated below except for fee(s) Fee (s) Fee	For FY 2009					First Named In	ventor D	Davis, Dean Vinson				
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Deposit Account Deposit Account Number:19-2179  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge see(s) indicated below, except for the filling fee  Charge see(s) indicated below, except for the filling fee  Charge see(s) indicated below, except for the filling fee  Charge see(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  EXAMINATION FEES  Fee (S)  F	METHOD O	F PAYMENT	(check a	all that apply)								
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Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FULING FEES Small Entity Application Type Fee (\$) Fee (\$	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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รบ Sig Name (Print/Type) Michael Wallace, Jr. Date 5 MARCH 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Appliess. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.